

PROOF OF LOSS FORM

The furnishing of this form, or its receipt by the Company, must not be construed as an admission of any liability on the Company, nor a waiver of any of the conditions of the insurance contract. Any person who knowingly and/or with intent to injure, defraud, or deceive an insurance company or other person files a statement of claim containing false, incomplete or misleading information, may be guilty of insurance fraud and subject to criminal and substantial civil penalties.

1 - COVERAGE INFORMATION - This information can be found on your Insurance I.D. Card

Insurance Company: <u>Liaison International</u>	Name of Group/Plan: <u>LON12-120101-01TM</u>	Policy/Certificate # <u>11VLN12-52085</u>
Coverage Effective Date: (Month/Day/Year) <u>09</u> <u>07</u> <u>2014</u>	Coverage Termination Date: (Month/Day/Year) <u>02</u> <u>26</u> <u>2015</u>	

2 - PRIMARY INSURED INFORMATION

3 - CLAIMANT/PATIENT INFORMATION

Name of Insured: <u>Rodney Larson</u>	Name of Claimant: <u>Rodney Larson</u>
Date Of Birth (Month/Day/Year): <u>09</u> <u>27</u> <u>1944</u>	Date Of Birth (Month/Day/Year): <u>09</u> <u>27</u> <u>1944</u>
Sex: ☒ M ☐ F	Sex: ☒ M ☐ F

4 - CURRENT ADDRESS

5 - PERMANENT ADDRESS

Current Residence Address: _____ <u>Royal Park Hotel</u> <u>Ning-gyo-cho, Tokyo Japan</u>	Permanent Address In Home Country: _____ <u>4713 Dominick Drive</u> <u>Minnetonka, MN 55343</u> <u>USA</u>
Daytime Phone # <u>(952) 960-1935</u> Email Address: <u>rodlarson100@yahoo.com</u> If Applicable, Date of Arrival in U.S. (Month/Day/Year): _____	If Applicable, Date scheduled to return to Home Country: (Month/Day/Year): <u>03</u> <u>07</u> <u>2015</u>

6 - MEDICAL INFORMATION

If Injured, provide details, such as how, when, and where injury occurred.

I had an episode around noon on Monday, January 20 where I experienced heart palpitations and numbness in my left arm and leg. This condition lasted for about a 1/2 hour then subsided. The rest of that day was quite normal. Then, again on Tuesday, January 21 I again experienced another episode similar to the one on Monday. However, this time the symptoms did not subside and lasted for about 2 hours. I then decided I had better seek medical attention and asked my co-workers to help me get to an emergency room. For the rest, see the attached Attending Physician's Statement.